

SKRIPSI

KARAKTERISTIK KEJADIAN IKUTAN PASCAIMUNISASI (KIP) SINOVAC DAN MODERNA *BOOSTER* DI FAKULTAS KEDOKTERAN UNIVERSITAS SRIWIJAYA



**ALISSA RAHMA
04011181823016**

**PROGRAM STUDI PENDIDIKAN DOKTER
FAKULTAS KEDOKTERAN
UNIVERSITAS SRIWIJAYA**

2021

SKRIPSI

KARAKTERISTIK KEJADIAN IKUTAN PASCAIMUNISASI (KIP) SINOVAC DAN MODERNA BOOSTER DI FAKULTAS KEDOKTERAN UNIVERSITAS SRIWIJAYA

Diajukan untuk memenuhi salah satu syarat guna memeroleh gelar
Sarjana Kedokteran (S.Ked)



OLEH
ALISSA RAHMA
04011181823016

PROGRAM STUDI PENDIDIKAN DOKTER
FAKULTAS KEDOKTERAN
UNIVERSITAS SRIWIJAYA
2021

HALAMAN PENGESAHAN

KARAKTERISTIK KEJADIAN IKUTAN PASCAIMUNISASI (KIP) SINOVAC DAN MODERNA BOOSTER DI FAKULTAS KEDOKTERAN UNIVERSITAS SRIWIJAYA

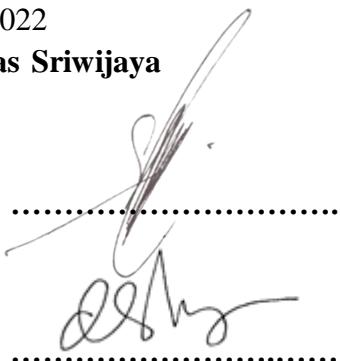
LAPORAN AKHIR SKRIPSI

Diajukan untuk melengkapi salah satu syarat memperoleh gelar Sarjana
Kedokteran di Universitas Sriwijaya

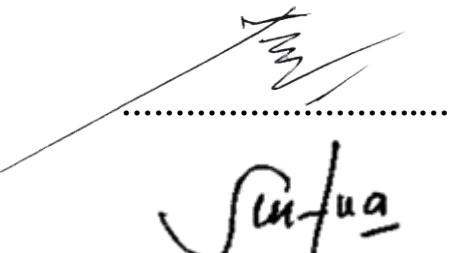
Oleh:
ALISSA RAHMA
04011181823016

Palembang, 12 Januari 2022
Fakultas Kedokteran Universitas Sriwijaya

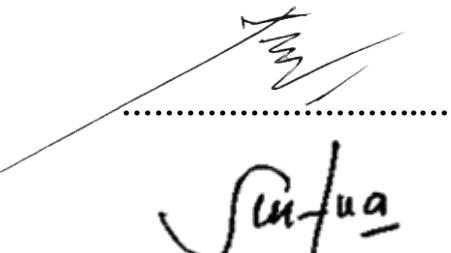
Pembimbing I
Prof. dr. Eddy Mart Salim, SpPD, K-AI
NIP.195003221977031001



Pembimbing II
dr. Desi Oktariana, M.Biomed
NIP.199010132015042004



Penguji I
Dr. Yuniza, Sp.PD, K-AI
NIP.1966060919998032002



Penguji II
dr. Soilia Fertilita, M.Imun
NIP. 198310082015042002

Koordinator Program Studi **Mengetahui,**
Pendidikan Dokter **Wakil Dekan I**


dr. Susilawati, M.Kes **Dr. dr. Irfannuddin, Sp.KO., M.Pd.Ked**
NIP. 197802272010122001 **NIP. 197306131999031001**

HALAMAN PERETUJUAN

Karya tulis ilmiah berupa laporan akhir skripsi dengan judul “Karakteristik Kejadian Ikutan Pascaimunisasi (KIPI) Sinovac dan Moderna *Booster* di Fakultas Kedokteran Universitas Sriwijaya” telah dipertahankan di hadapan Tim Penguji Karya Tulis Ilmiah Program Studi Pendidikan Dokter Fakultas Kedokteran Universitas Sriwijaya pada tanggal 12 Januari 2022.

Palembang, 12 Januari 2022

Tim Penguji Karya Ilmiah berupa laporan akhir skripsi

Pembimbing I
Prof. dr. Eddy Mart Salim, SpPD, K-AI
NIP.195003221977031001

.....
.....
.....

Pembimbing II
dr. Desi Oktariana, M.Biomed
NIP.199010132015042004

.....
.....
.....

Penguji I
Dr. Yuniza, Sp.PD, K-AI
NIP.1966060919998032002

.....
.....
.....

Penguji II
dr. Soilia Fertility, M.Imun
NIP. 198310082015042002

.....
.....
.....

Koordinator Program Studi
Pendidikan Dokter

Kusilawati

dr. Susilawati, M.Kes
NIP. 197802272010122001

Mengetahui,

Wakil Dekan I



Dr. dr. Irfannuddin, Sp.KO., M.Pd.Ked
NIP. 197306131999031001

HALAMAN PERNYATAAN INTEGRITAS

Yang bertanda tangan di bawah ini,

Nama : Alissa Rahma

NIM : 04011181823016

Judul : Karakteristik Kejadian Ikutan Pascaimunisasi (KIP) Sinovac dan Moderna *booster* di Fakultas Kedokteran Universitas Sriwijaya

Menyatakan bahwa skripsi saya merupakan hasil karya sendiri didampingi tim pembimbing dan bukan hasil penjiplakan/plagiat. Apabila ditemukan unsur penjiplakan/plagiat dalam skripsi ini, maka saya bersedia menerima sanksi akademik dari Universitas Sriwijaya sesuai aturan yang berlaku.

Demikian pernyataan ini saya buat dalam keadaan sadar dan tanpa ada paksaan dari siapapun



Palembang, 12 Januari 2022

A handwritten signature in black ink, appearing to read "Alissa Rahma".

Alissa Rahma

ABSTRAK

KARAKTERISTIK KEJADIAN IKUTAN PASCAIMUNISASI (KIPI) SINOVAC DAN MODERNA *BOOSTER* DI FAKULTAS KEDOKTERAN UNIVERSITAS SRIWIJAYA

(Alissa Rahma, Fakultas Kedokteran Universitas Sriwijaya, 95 halaman)

Latar Belakang: Kasus COVID-19 terus meningkat di seluruh dunia, vaksin menjadi salah satu cara untuk mencegah penyakit COVID-19. Semakin tingkat vaksinasi meningkat, masyarakat menjadi perhatian mengenai efek samping vaksin, yang disebut kejadian ikutan pascaimunisasi (KIPI). Penelitian ini bertujuan untuk mengetahui karakteristik KIPI Sinovac dan Moderna *booster* di FK UNSRI.

Metode: Jenis penelitian penelitian ini adalah deskriptif observasional menggunakan kuesioner yang diberikan secara langsung di FK UNSRI dan melalui *google form*. Penelitian ini dilaksanakan pada bulan November 2021—Desember 2021. Penelitian ini dibagi menjadi dua populasi yaitu yang divaksinasi Sinovac dan Moderna *booster*, dengan teknik *total sampling*.

Hasil: 690 responden sudah divaksinasi Sinovac dosis 1, 678 sudah divaksinasi Sinovac dosis 2, dan 352 sudah divaksinasi Moderna *booster*. Pada Sinovac dosis 1, gejala KIPI terbanyak adalah nyeri tekan, nyeri pada lengan yang disuntikkan, dan fatigue. Pada Sinovac dosis 2, gejala KIPI terbanyak adalah nyeri tekan, nyeri pada lengan yang disuntikkan, dan fatigue. Pada Moderna *booster*, gejala KIPI terbanyak adalah nyeri tekan, nyeri pada lengan yang disuntikkan, dan malaise.

Kesimpulan: Gejala KIPI Sinovac dan Moderna *booster* dapat sembuh dengan sendirinya dengan mayoritas lama gejala 1-2 hari bagi Sinovac dan 2-3 hari bagi Moderna booster. Reaksi serius pada vaksin Sinovac dan Moderna memiliki persentase sangat kecil.

Kata Kunci: KIPI, Efek Samping, Sinovac, CoronaVac, Moderna *booster*

ABSTRACT

CHARACTERISTICS ADVERSE EVENTS FOLLOWING IMMUNIZATION SINOVAC AND MODERNA BOOSTER IN FACULTY OF MEDICINE, SRIWIJAYA UNIVERSITY

(Alissa Rahma, Faculty of Medicine Sriwijaya University, 95 pages)

Background: COVID-19 cases continue to increase throughout the world, vaccines are one way to prevent COVID-19 disease. With increasing vaccination, people are becoming more concerned about the side effects of vaccines, which are known as adverse effects following immunization (AEFI). This study aims to determine the characteristics of AEFI Sinovac and Moderna booster in Faculty of Medicine, Sriwijaya University.

Method: This type of research is descriptive observational using a questionnaire that was given directly and through the google form. This research was conducted in November 2021—December 2021. This study was divided into two populations, namely those vaccinated with Sinovac and Moderna booster, using a total sampling technique.

Results: 690 respondents had been vaccinated with Sinovac dose 1, 678 had been vaccinated against Sinovac dose 2, and 352 had been vaccinated with Moderna booster. In Sinovac dose 1, the most common AEFI symptoms were tenderness, pain in the injected arm, and fatigue. In Sinovac dose 2, the most common AEFI symptoms were tenderness, pain in the injected arm, and fatigue. In Moderna booster, the most common AEFI symptoms are tenderness, pain in the injected arm, and malaise.

Conclusion: Symptoms of AEFI Sinovac and Moderna booster can heal by itself with the majority of symptoms lasting 1-2 days for Sinovac and 2-3 days for Moderna booster. Serious reactions to Sinovac and Moderna vaccines have a very small percentage.

Keywords: AEFI, Adverse Effects, Sinovac, CoronaVac, Moderna booster

RINGKASAN

KARAKTERISTIK KEJADIAN IKUTAN PASCAIMUNISASI (KIPI) SINOVAC DAN MODERNA *BOOSTER* DI FAKULTAS KEDOKTERAN UNIVERSITAS SRIWIJAYA

Karya tulis ilmiah berupa Skripsi, 11 Januari 2022

Alissa Rahma; dibimbing oleh Prof. dr. Eddy Mart Salim, SpPD, K-AI dan dr. Desi Oktariana, M.Biomed

Pendidikan Dokter Umum, Fakultas Kedokteran, Universitas Sriwijaya

95 halaman, 21 tabel, 12 gambar, 6 lampiran

Kasus COVID-19 terus meningkat di seluruh dunia, vaksin menjadi salah satu cara untuk mencegah penyakit COVID-19. Semakin tingkat vaksinasi meningkat, masyarakat menjadi perhatian mengenai efek samping vaksin, yang disebut kejadian ikutan pascaimunisasi (KIPI). Penelitian ini bertujuan untuk mengetahui karakteristik KIPI Sinovac dan Moderna *booster* di FK UNSRI. Jenis penelitian penelitian ini adalah deskriptif observasional menggunakan kuesioner yang diberikan secara langsung di FK UNSRI dan melalui *google form*. Penelitian ini dilaksanakan pada bulan November 2021—Desember 2021. Penelitian ini dibagi menjadi dua populasi yaitu yang divaksinasi Sinovac dan Moderna *booster*, dengan teknik *total sampling*. 690 responden sudah divaksinasi Sinovac dosis 1, 678 sudah divaksinasi Sinovac dosis 2, dan 352 sudah divaksinasi Moderna *booster*. Pada Sinovac dosis 1, gejala KIPI terbanyak adalah nyeri tekan, nyeri pada lengan yang disuntikkan, dan fatigue. Pada Sinovac dosis 2, gejala KIPI terbanyak adalah nyeri tekan, nyeri pada lengan yang disuntikkan, dan fatigue. Pada Moderna *booster*, gejala KIPI terbanyak adalah nyeri tekan, nyeri pada lengan yang disuntikkan, dan malaise. Gejala KIPI Sinovac dan Moderna *booster* dapat sembuh dengan sendirinya dengan mayoritas lama gejala 1-2 hari bagi Sinovac dan 2-3 hari bagi Moderna *booster*. Reaksi serius pada vaksin Sinovac dan Moderna memiliki persentase sangat kecil.

SUMMARY

CHARACTERISTICS ADVERSE EVENTS FOLLOWING IMMUNIZATION
SINOVAC AND MODERNA BOOSTER IN FACULTY OF MEDICINE,
SRIWIJAYA UNIVERSITY

Scientific paper in the form of Skripsi, 11 Januari 2022

Alissa Rahma; supervised by Prof. dr. Eddy Mart Salim, SpPD, K-AI and dr. Desi Oktariana, M.Biomed

Study Program of Medival Education, Faculty of Medicine, Sriwijaya University

95 pages, 21 tables, 12 pictures, 6 attachments

COVID-19 cases continue to increase throughout the world, vaccines are one way to prevent COVID-19 disease. With increasing vaccination, people are becoming more concerned about the side effects of vaccines, which are known as adverse effects following immunization (AEFI). This study aims to determine the characteristics of AEFI Sinovac and Moderna booster in Faculty of Medicine, Sriwijaya University. This type of research is descriptive observational using a questionnaire that was given directly and through the google form. This research was conducted in November 2021—December 2021. This study was divided into two populations, namely those vaccinated with Sinovac and Moderna booster, using a total sampling technique. 690 respondents had been vaccinated with Sinovac dose 1, 678 had been vaccinated against Sinovac dose 2, and 352 had been vaccinated with Moderna booster. In Sinovac dose 1, the most common AEFI symptoms were tenderness, pain in the injected arm, and fatigue. In Sinovac dose 2, the most common AEFI symptoms were tenderness, pain in the injected arm, and fatigue. In Moderna booster, the most common AEFI symptoms are tenderness, pain in the injected arm, and malaise. Symptoms of AEFI Sinovac and Moderna booster can heal by itself with the majority of symptoms lasting 1-2 days for Sinovac and 2-3 days for Moderna booster. Serious reactions to Sinovac and Moderna vaccines have a very small percentage.

KATA PENGANTAR

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Segala puji bagi Allah yang Maha Esa, Tuhan yang Maha Baik lagi Maha Pemurah, Maha Penyayang lagi Maha Pengasih. Karena pertolongan-Nya, penulis dapat menyelesaikan laporan akhir skripsi yang berjudul “**Karakteristik Kejadian Ikutan Pascaimunisasi (KIP) Sinovac dan Moderna Booster di Fakultas Kedokteran Universitas Sriwijaya**”. Saya bersaksi bahwa tidak ada tuhan yang berhak disembah selain Allah dan saya bersaksi bahwa Muhammad adalah hamba dan Rasul-Nya. Semoga shalawat dan salam tercurah kepada beliau, kepada nabi-nabi lainnya, keluarga mereka, dan orang-orang shalih.

Penulis mengucapkan terima kasih kepada semua pihak yang telah mendoakan, membimbing, memberikan bantuan, dan menyemangati penulis sehingga tugas ini dapat diselesaikan tepat waktu. Terima kasih banyak kepada Prof. dr. Eddy Mart Salim, SpPD, K-AI dan dr. Desi Oktariana, M.Biomed selaku dosen pembimbing atas bimbingan, ilmu, dan waktunya sehingga laporan akhir skripsi ini dapat diselesaikan. Terima kasih banyak kepada dr. Yuniza, Sp.PD, K-AI dan dr. Soilia Fertilita, M.Imun selaku dosen pengujii atas bimbingan, ilmu, saran, dan masukannya kepada penulis. Terima kasih sebesar-besarnya kepada orangtua dan teman-teman yang selalu mendoakan, menyemangati, dan membantu penulis baik secara langsung maupun tidak langsung.

Penulis menyadari bahwa laporan usulan penelitian skripsi ini banyak kekurangan. Oleh karena itu, kritik dan saran dari pembaca sangat penulis harapkan. Akhir kata, semoga laporan ini dapat menambah ilmu pengetahuan dan dapat bermanfaat bagi pembaca.

Palembang, 12 Januari 2022



Alissa Rahma

DAFTAR ISI

HALAMAN JUDUL.....	i
HALAMAN PENGESAHAN.....	ii
HALAMAN PERETUJUAN.....	iii
HALAMAN PERNYATAAN INTEGRITAS.....	iv
ABSTRAK.....	v
RINGKASAN	vii
KATA PENGANTAR.....	ix
DAFTAR ISI.....	x
DAFTAR TABEL.....	xiii
DAFTAR GAMBAR.....	xiv
DAFTAR LAMPIRAN	xv
DAFTAR SINGKATAN.....	xvi
BAB I PENDAHULUAN.....	1
1.1. Latar Belakang.....	1
1.2. Rumusan Masalah.....	3
1.3. Tujuan Penelitian.....	3
1.4. Manfaat Penelitian.....	3
BAB II TINJAUAN PUSTAKA.....	3
2.1. Coronavirus Disease 2019 (COVID-19).....	3
2.1.1. Definsi COVID-19	3
2.1.2. Epidemiologi COVID-19.....	3
2.1.3. Etiologi COVID-19	7
2.1.4. Faktor Risiko COVID-19.....	8
2.1.5. Patofisiologi COVID-19	10
2.1.6. Manifestasi Klinis COVID-19.....	12

2.1.7. Pencegahan COVID-19.....	12
2.2. Vaksinasi	15
2.2.1. Definisi Vaksinasi.....	15
2.2.2. Respons Imun terkait Vaksin	15
2.2.3. Vaksin COVID-19	22
2.3. Kejadian Ikutan Pascaimunisasi (KIPI).....	30
2.3.1. Definisi KIPI.....	30
2.3.2. Klasifikasi KIPI.....	30
2.3.3. KIPI COVID-19.....	34
2.4. Kerangka Teori.....	35
BAB III METODE PENELITIAN	36
3.1. Jenis Penelitian.....	36
3.2. Waktu dan Tempat Penelitian.....	36
3.3. Populasi dan Sampel Penelitian.....	36
3.3.1. Populasi	36
3.3.3 Kriteria Inklusi dan Eksklusi.....	38
3.5. Definisi Operasional.....	40
3.6. Rencana Pengumpulan Data	43
3.7. Rencana Pengolahan dan Penyajian Data	43
3.7.1 Pengolahan Data	43
3.7.2 Penyajian Data.....	43
3.8. Alur Kerja Penelitian.....	44
BAB IV HASIL DAN PEMBAHASAN.....	45
4.1. Hasil.....	45
4.1.1. Karakteristik Responden.....	45
4.1.2. Insidensi KIPI.....	47
4.2 Pembahasan.....	47
4.2.1. Sinovac/CoronaVac dosis 1 dan 2	47
4.2.2. Moderna booster	48
4.3. Keterbatasan Penelitian.....	48
BAB V KESIMPULAN DAN SARAN	49
5.1 Kesimpulan.....	49

5.2 Saran	50
DAFTAR PUSTAKA	51
LAMPIRAN-LAMPIRAN.....	65

DAFTAR TABEL

Tabel 2.1. Rekomendasi CDC untuk pencegahan penyebaran COVID-19 ⁴⁹	13
Tabel 2.2. Vaksin Sinovac dan Moderna ⁶⁷	28
Tabel 2. 3. Klasifikasi KIPI.....	32
Tabel 2. 4. Frekuensi Kejadian dan Penanganan KIPI.....	32
Tabel 3.1. Definisi Operasional dan Variabel	40
Tabel 4.1. Karakteristik Responden	46

DAFTAR GAMBAR

Gambar 2. 1 Partikel dan Genom β -coronavirus.....	7
Gambar 2.2 Inisiasi Respons terhadap Vaksin.....	16
Gambar 2.3. Respons Ekstrafolikular dan Pusat Germinal terhadap Antigen Protein	17
Gambar 2.4. Korelasi Titer Antibodi dengan Fase dari Respons terhadap Vaksin	19
Gambar 2.5. Respons sel-B memori.....	20
Gambar 2.6. Respons sel T efektor	22
Gambar 2.7. Vaksin Virus yang Dimatikan (Inactivated Virus).....	23
Gambar 2.8. Vaksin Subunit Virus	24
Gambar 2.9. Vaksin Vektor Virus.....	25
Gambar 2.10. Vaksin Virus RNA	26
Gambar 2.11. Kerangka Teori	36
Gambar 3.1. Kerangka Operasional	44

DAFTAR LAMPIRAN

Lampiran 1. Hasil Pengolahan Data Output SPSS.....	65
Lampiran 2. Lembar Permohonan Kesediaan Menjadi Responden	66
Lampiran 3. Lembar Persetujuan Subjek Penelitian	67
Lampiran 4. Kuesioner Penelitian	68
Lampiran 5. Sertifikat Persetujuan Etik	85
Lampiran 6. Surat Izin Penelitian.....	87

DAFTAR SINGKATAN

ARDS	: <i>Acute respiratory distress syndrome</i>
ACE-2	: <i>Angiotensin Converting Enzyme 2</i>
Ag	: Antigen
Adj	: Ajuvan
APC	: <i>Antigen Presenting Cell</i>
ARB	: <i>Angiotensin Receptor Blocker</i>
AS	: Amerika Serikat
BM	: <i>Bone marrow</i>
CDC	: <i>Centers for Disease Control and Prevention</i>
CFR	: <i>Case Fatality Rate</i>
COVID-19	: <i>Coronavirus Disease 2019</i>
CXCL-10	: <i>C-X-C motif chemokine ligand 10</i>
DC	: <i>Dendritic Cell</i>
DKI	: Daerah Khusus Ibukota
E	: <i>Envelope</i>
EUA	: <i>Emergency Use Authorization</i>
FDC	: <i>Follicular dendritic cell</i>
FK	: Fakultas Kedokteran Universitas Sriwijaya
GC	: <i>Germinal center</i>
IFN	: Interferon

Ig	: <i>Immunoglobulin</i>
KGB	: Kelenjar Getah Bening
LNP	: <i>Lipid Nanoparticle</i>
M	: <i>Membrane</i>
MHC	: <i>Major histocompatibility complex</i>
mRNA	: <i>messenger RNA</i>
N	: <i>Nucleocapsid</i>
Nab	: <i>Neutralizing antibody</i>
PAMP	: <i>pathogen-associated molecular pattern</i>
PBMC	: <i>peripheral blood mononuclear cells</i>
PPOK	: Penyakit paru obstruktif kronik
PSBB	: Pembatasan Sosial Berskala Besar
PPKM	: Pemberlakuan Pembatasan Kegiatan Masyarakat
PRRs	: <i>Pathogen recognition receptors</i>
RBD	: <i>Receptor-binding domain</i>
RE	: Retikulum endoplasma
RNA	: <i>Ribonucleic Acid</i>
S	: <i>Spike</i>
SAE	: <i>serious adverse events</i>
SARS-CoV-2	: <i>severe acute respiratory syndrome coronavirus 2</i>
SIG	: <i>US government SARS-CoV-2 Interagency Group</i>
SOP	: Standar Operasional Prosedur

ssRNA	: <i>single-stranded RNA</i>
Tfh	: <i>T Follicular Helper</i>
Th	: <i>T-helper cell</i>
TNF	: <i>tumor necrosis factor.</i>
TSS	: <i>Toxic shock syndrome</i>
UNSRI	: Universitas Sriwijaya
VoI	: <i>variant of interest</i>
VoC	: <i>variant of concern</i>
WHO	: <i>World Health Organization</i>

BAB I

PENDAHULUAN

1.1. Latar Belakang

Coronavirus disease 2019 (COVID-19) adalah penyakit infeksi yang disebabkan oleh *severe acute respiratory syndrome coronavirus 2* (SARS-CoV-2), yang sebelumnya patogen ini dinamakan *2019-novel coronavirus* (2019-nCOV).¹ Kasus COVID-19 terus meningkat di seluruh dunia, hingga 27 Agustus 2021 total kasus konfirmasi adalah 214,468,601 dengan 4,470,969 kematian (*Case Fatality Rate* (CFR) 2,1%) di 204 negara terjangkit.² Hingga 28 Agustus 2021, di Indonesia telah dilaporkan 4.066.404 orang terkonfirmasi positif COVID-19 dengan pertambahan 10.050 kasus pada hari ini, dan 131.372 total kematian (CFR 3,2%) terkait COVID-19.³ Sementara di Kota Palembang, kasus konfirmasi bertambah 58 kasus dengan total 29.595 dan total kematian 1.106 orang.⁴

Pemerintah Indonesia telah mengeluarkan kebijakan-kebijakan untuk menekan penyebaran virus sejak munculnya kasus COVID-19 di Indonesia, seperti Pembatasan Sosial Berskala Besar (PSBB), PSBB transisi, Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM) darurat, hingga PPKM empat level. Langkah lainnya yang dilakukan pemerintah untuk menurunkan angka kesakitan dan kematian akibat COVID-19 dan mencapai kekebalan kelompok adalah vaksinasi COVID-19, yang dimulai pada tenaga medis pada tanggal 13 Januari 2021.

Vaksin COVID-19 akan menghasilkan kekebalan aktif yang didapat (*acquired active immunity*) terhadap SARS-CoV-2.⁵ Terdapat 4 jenis vaksin COVID-19 yang sudah digunakan di Indonesia, yaitu Sinovac, AstraZeneca, Moderna, dan Pfizer. Pada vaksinasi tahap 1, Sinovac diberikan kepada tenaga kesehatan, tenaga penunjang, dan mahasiswa *co-assistant*. Tenaga kesehatan juga diberikan Moderna sebagai *booster* minimal 3 bulan setelah dosis kedua Sinovac

diberikan. Masyarakat yang masuk tahap 3 dan 4, mendapat vaksinasi dengan pendekatan kluster sesuai dengan ketersediaan vaksin.

Kejadian ikutan pascaimunisasi (KIPI) adalah suatu kejadian medis yang tidak diinginkan, terjadi setelah imunisasi dan tidak selalu memiliki hubungan sebab akibat dengan penggunaan vaksin.⁶ *World Health Organization* (WHO) mengklasifikasikan KIPI menjadi lima, yaitu reaksi berhubungan dengan produk vaksin, reaksi terkait kualitas vaksin, reaksi berhubungan dengan kesalahan prosedur imunisasi, reaksi terkait kecemasan imunisasi/*Immunization stress related response* (ISRR), dan kejadian koinsidensi.⁷ Sebagian besar KIPI diamati dalam 1 hingga 3 hari pertama setelah vaksinasi dan sembuh setelahnya.⁸ Penelitian mengenai gejala KIPI vaksin Sinovac pada tenaga kesehatan di rumah sakit rujukan Kota Padang, didapatkan gejala yang umum adalah mialgia (39,6%), fatigue (35,8%), dan sakit kepala (22,1%). Dilaporkan pula reaksi anafilaksis (0,4%).⁹ Hasil uji klinis mengenai gejala keamanan vaksin Moderna, didapatkan gejala umum adalah nyeri lokal (83,7%), sakit kepala (63%), mialgia (59,6%), artralgia (44,8%), menggigil (43,4%), demam (14,8%), dan limfadenopati axilla (10,2%).¹⁰ Surveilans di Ontario mendapatkan angka KIPI serius Moderna yang dilaporkan adalah 4,2 dari 100.000 dosis yang diberikan.¹¹ Berdasarkan 423 laporan miokarditis atau perikarditis, tingkat pelaporan kasar keseluruhan adalah 20,4 per satu juta dosis vaksin mRNA, Pfizer dan Moderna, yang diberikan.¹¹ Surveilans di Mexico dilaporkan 17.027 kasus KIPI (0,1% dosis yang diberikan) dengan 711 terkait Sinovac. Dari yang telah dilaporkan tersebut, terdapat 280 kasus serius KIPI dengan 51 kasus terkait Sinovac.¹²

Masyarakat Indonesia sudah menerima dua dosis vaksin COVID-19 (18,26%) pada tanggal 4 September 2021,¹³ Meningkatkan cakupan vaksinasi COVID-19 untuk tujuan kekebalan kelompok merupakan hal penting. Disinformasi melalui media massa menyebabkan kecemasan yang cukup besar di antara masyarakat tentang keamanan vaksin. Karena hal tersebut dan sedikitnya penelitian tentang KIPI COVID-19 di Indonesia, khususnya kota Palembang, peneliti termotivasi untuk melakukan penelitian karakteristik kejadian ikutan

pascaimunisasi (KIPI) Sinovac dan Moderna *booster* di Fakultas Kedokteran Universitas Sriwijaya.

1.2. Rumusan Masalah

Bagaimana Karakteristik KIPI Sinovac dan Moderna *booster* di Fakultas Kedokteran Universitas Sriwijaya?

1.3. Tujuan Penelitian

1.3.1 Tujuan Umum

Mengetahui karakteristik KIPI Sinovac dan Moderna *booster* di Fakultas Kedokteran Universitas Sriwijaya.

1.3.2 Tujuan Khusus

1. Mengetahui karakteristik sosiodemografi responden, berupa usia, jenis kelamin, dan pekerjaan.
2. Mengetahui distribusi KIPI Sinovac dosis pertama dan kedua.
3. Mengetahui karakteristik KIPI Sinovac dosis pertama dan kedua berdasarkan jenis gejala dan lama gejala.
4. Mengetahui distribusi KIPI Moderna *booster*.
5. Mengetahui karakteristik KIPI Moderna *booster* berdasarkan jenis gejala dan lama gejala.

1.4. Manfaat Penelitian

1.4.1 Manfaat Teoritis

1. Penelitian ini dapat dijadikan bahan informasi mengenai karakteristik KIPI sinovac dan moderna *booster*.
2. Penelitian ini dapat berguna bagi penelitian selanjutnya tentang KIPI COVID-19.

1.4.2 Manfaat Kebijakan

1. Penelitian ini diperlukan untuk promosi dan edukasi kesehatan untuk mengendalikan penularan COVID-19 melalui vaksinasi sehingga *herd-immunity* dapat tercapai.
2. Menjadi data surveilans dan keamanan vaksin Sinovac dan Moderna.

1.4.3 Manfaat Subjek

Memberi pengetahuan kepada dosen, pegawai, dan mahasiswa Fakultas Kedokteran Universitas Sriwijaya mengenai Kejadian Ikutan Pascaimunisasi (KIPI) Sinovac dan Moderna.

DAFTAR PUSTAKA

1. Naming the coronavirus disease (COVID-19) and the virus that causes it [Internet]. [cited 2021 Aug 11]. Available from: [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)
2. WHO Coronavirus (COVID-19) Dashboard | WHO Coronavirus (COVID-19) Dashboard With Vaccination Data [Internet]. [cited 2021 Aug 29]. Available from: <https://covid19.who.int/>
3. Infeksi Emerging Kementerian Kesehatan RI [Internet]. [cited 2021 Aug 13]. Available from: <https://infeksiemerging.kemkes.go.id/>
4. Berita : DATA COVID-19 s.d 28 AGUSTUS 2021 - Dinas Kesehatan Kota Palembang [Internet]. [cited 2021 Aug 29]. Available from: <https://dinkes.palembang.go.id/?nmodul=berita&bhsnyo=id&bid=1405>
5. Salahshoori I, Mobaraki-Asl N, Seyfaee A, Mirzaei Nasirabad N, Dehghan Z, Faraji M, et al. Overview of COVID-19 Disease: Virology, Epidemiology, Prevention Diagnosis, Treatment, and Vaccines. *Biologics*. 2021;1(1):2–40.
6. Adverse events following immunization (AEFI) [Internet]. [cited 2021 Aug 13]. Available from: <https://www.who.int/teams/regulation-prequalification/regulation-and-safety/pharmacovigilance/health-professionals-info/aefi>
7. WHO. Causality Assessment Of An Adverse Event Following Immunization [Internet]. 2019. 1–62 p. Available from: <https://apps.who.int/iris/bitstream/handle/10665/259959/9789241513654-eng.pdf>
8. Jeon M, Kim J, Oh CE, Lee JY. Adverse Events Following Immunization

- Associated with Coronavirus Disease 2019 Vaccination Reported in the Mobile Vaccine Adverse Events Reporting System. *J Korean Med Sci.* 2021;36(17):1–8.
9. Djanas D, Yusirwan, Martini RD, Rahmadian, Putra H, Zanir A, et al. Survey data of COVID-19 vaccine side effects among hospital staff in a national referral hospital in Indonesia. *Data Br* [Internet]. 2021;36:107098. Available from: <https://doi.org/10.1016/j.dib.2021.107098>
 10. FDA Vaccines and Related Biological Products Advisory Committee Meeting. FDA Briefing Document Moderna COVID-19 Vaccine. Fda [Internet]. 2020;1–54. Available from: <https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/BloodVaccinesandOtherBiologics/VaccinesandRelatedBiologicalProductsAdvisoryCommittee/UCM583779.pdf>
 11. Health Ontario P. Adverse Events Following Immunization (AEFIs) for COVID-19 in Ontario: December 13, 2020 to October 3, 2021.
 12. Washington. CONSOLIDATED REGIONAL AND GLOBAL INFORMATION ON ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI) AGAINST COVID-19 AND OTHER UPDATES Number 12. [cited 2021 Oct 12]; Available from: <https://health-infobase.canada.ca/covid-19/vaccine-safety/>
 13. Vaksin Dashboard [Internet]. [cited 2021 Sep 4]. Available from: <https://vaksin.kemkes.go.id/#/vaccines>
 14. Coronavirus [Internet]. [cited 2021 Aug 15]. Available from: https://www.who.int/health-topics/coronavirus#tab=tab_1
 15. Ahmad FB, Cisewski JA, Miniño A, Anderson RN. Provisional Mortality Data—United States, 2020. *MMWR Surveill Summ.* 2021;70(14):519–22.
 16. Weekly epidemiological update on COVID-19 - 22 June 2021 [Internet]. [cited 2021 Sep 4]. Available from:

- <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---22-june-2021>
17. Peta Sebaran | Covid19.go.id [Internet]. [cited 2021 Aug 15]. Available from: <https://covid19.go.id/peta-sebaran>
 18. Stokes EK, Zambrano LD, Anderson KN, Marder EP, Raz KM, El Burai Felix S, et al. Coronavirus Disease 2019 Case Surveillance — United States, January 22–May 30, 2020. MMWR Morb Mortal Wkly Rep. 2020;69(24):759–65.
 19. Jin JM, Bai P, He W, Wu F, Liu XF, Han DM, et al. Gender Differences in Patients With COVID-19: Focus on Severity and Mortality. Front Public Heal. 2020;8(April):1–6.
 20. Finelli L, Gupta V, Petigara T, Yu K, Bauer KA, Puzniak LA. Mortality Among US Patients Hospitalized With SARS-CoV-2 Infection in 2020. Available from: <https://jamanetwork.com/>
 21. Romano SD, Blackstock AJ, Taylor E V, El S, Felix B, Adjei S, et al. Morbidity and Mortality Weekly Report Trends in Racial and Ethnic Disparities in COVID-19 Hospitalizations, by Region—United States, March–December 2020. 2020 [cited 2021 Aug 18]; Available from: <https://stacks.cdc.gov/view/cdc/104959>
 22. Sze S, Pan D, Nevill CR, Gray LJ, Martin CA, Nazareth J, et al. Ethnicity and clinical outcomes in COVID-19: A systematic review and meta-analysis. 2020 [cited 2021 Aug 18]; Available from: <https://doi.org/10.1016/j.eclinm.2020.100630>
 23. Heslin KC, Hall JE. Morbidity and Mortality Weekly Report Sexual Orientation Disparities in Risk Factors for Adverse COVID-19-Related Outcomes, by Race/Ethnicity-Behavioral Risk Factor Surveillance System, United States, 2017–2019. 2021 [cited 2021 Aug 18]; Available from: https://www.cdc.gov/mmwr/mmwr_continuingEducation.html

24. Mohamadian M, Chiti H, Shoghli A, Biglari S, Parsamanesh N, Esmaeilzadeh A. COVID-19: Virology, biology and novel laboratory diagnosis. *J Gene Med.* 2021;23(2):1–11.
25. Ahn DG, Shin HJ, Kim MH, Lee S, Kim HS, Myoung J, et al. Current status of epidemiology, diagnosis, therapeutics, and vaccines for novel coronavirus disease 2019 (COVID-19). *J Microbiol Biotechnol.* 2020;30(3):313–24.
26. Kim D, Lee J, Yang J, Kim JW, Kim VN, Chang H, et al. Resource The Architecture of SARS-CoV-2 Transcriptome II II Resource The Architecture of SARS-CoV-2 Transcriptome. *Cell* [Internet]. 2020;181(4):914-921.e10. Available from: <https://doi.org/10.1016/j.cell.2020.04.011>
27. Arias-Reyes C, Zubieta-DeUrioste N, Poma-Machicao L, Aliaga-Raduan F, Carvajal-Rodriguez F, Dutschmann M, et al. Does the pathogenesis of SARS-CoV-2 virus decrease at high-altitude? *Respir Physiol Neurobiol* [Internet]. 2020 Jun 1 [cited 2021 Sep 5];277:103443. Available from: [/pmc/articles/PMC7175867/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7175867/)
28. Walls AC, Park Y, Tortorici MA, Wall A, McGuire AT, Veesler D, et al. Structure , Function , and Antigenicity of the SARS-CoV-2 Spike Glycoprotein. *Cell* [Internet]. 2020;181(2):281-292.e6. Available from: <http://dx.doi.org/10.1016/j.cell.2020.02.058>
29. Duan G. Intuition on virology, epidemiology, pathogenesis, and control of COVID-19. *Nov Res Microbiol J.* 2020;4(5):955–67.
30. Rashedi J, Poor BM, Asgharzadeh V, Pourostadi M, Kafil HS, Vegari A, et al. Risk factors for covid-19. *Infez Med.* 2020;28(4):469–74.
31. Clinical characteristics and day-90 outcomes of 4244 critically ill adults with COVID-19: a prospective cohort study. *Intensive Care Med* [Internet]. 2021 Jan 1 [cited 2021 Sep 4];47(1):60–73. Available from: <https://pubmed.ncbi.nlm.nih.gov/33211135/>
32. Chen N, Zhou M, Dong X, Qu J, Gong F, Han Y, et al. Epidemiological and

- clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. Lancet [Internet]. 2020 Feb 15 [cited 2021 Sep 4];395(10223):507–13. Available from: <http://www.thelancet.com/article/S0140673620302117/fulltext>
33. Guan W, Ni Z, Hu Y, Liang W, Ou C, He J, et al. Clinical Characteristics of Coronavirus Disease 2019 in China. *N Engl J Med.* 2020;382(18):1708–20.
34. Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. Lancet [Internet]. 2020;395(10229):1054–62. Available from: [http://dx.doi.org/10.1016/S0140-6736\(20\)30566-3](http://dx.doi.org/10.1016/S0140-6736(20)30566-3)
35. Xu H, Zhong L, Deng J, Peng J, Dan H, Zeng X, et al. High expression of ACE2 receptor of 2019-nCoV on the epithelial cells of oral mucosa. *Int J Oral Sci [Internet].* 2020;12(1):1–5. Available from: <http://dx.doi.org/10.1038/s41368-020-0074-x>
36. Ventilation of indoor spaces to stop the spread of coronavirus (COVID-19) - GOV.UK [Internet]. [cited 2021 Sep 5]. Available from: <https://www.gov.uk/government/publications/covid-19-ventilation-of-indoor-spaces-to-stop-the-spread-of-coronavirus/ventilation-of-indoor-spaces-to-stop-the-spread-of-coronavirus-covid-19>
37. Liu Y, Gayle AA, Wilder-Smith A, Rocklöv J. The reproductive number of COVID-19 is higher compared to SARS coronavirus. *J Travel Med.* 2020;27(2):1–4.
38. Doremalen N van, Bushmaker T, Morris DH, Holbrook MG, Gamble A, Williamson BN, et al. Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1. <https://doi.org/10.1056/NEJM2004973> [Internet]. 2020 Mar 17 [cited 2021 Sep 4];382(16):1564–7. Available from: <https://www.nejm.org/doi/full/10.1056/nejmc2004973>
39. Peng L, Ji-Bo F, Ke-Feng L, Jie-NaN L, Hong-Ling W, Lei-jie L, et al.

- Transmission of COVID-19 in the terminal stages of the incubation period: A familial cluster. *Int J Infect Dis* [Internet]. 2020 Jul 1 [cited 2021 Sep 4];96:452–3. Available from: <https://pubmed.ncbi.nlm.nih.gov/32194239/>
40. Pachetti M, Marini B, Benedetti F, Giudici F, Mauro E, Storici P, et al. Emerging SARS-CoV-2 mutation hot spots include a novel RNA-dependent-RNA polymerase variant. *J Transl Med* [Internet]. 2020;18(1):1–9. Available from: <https://doi.org/10.1186/s12967-020-02344-6>
 41. SARS-CoV-2 Variant Classifications and Definitions [Internet]. [cited 2021 Aug 29]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>
 42. Lai CC, Liu YH, Wang CY, Wang YH, Hsueh SC, Yen MY, et al. Asymptomatic carrier state, acute respiratory disease, and pneumonia due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2): Facts and myths. *J Microbiol Immunol Infect* [Internet]. 2020;53(3):404–12. Available from: <https://doi.org/10.1016/j.jmii.2020.02.012>
 43. Rizzo P, Vieceli Dalla Sega F, Fortini F, Marracino L, Rapezzi C, Ferrari R. COVID-19 in the heart and the lungs: could we “Notch” the inflammatory storm? *Basic Res Cardiol* [Internet]. 2020;115(3):1–8. Available from: <https://doi.org/10.1007/s00395-020-0791-5>
 44. Azer SA. COVID-19: pathophysiology, diagnosis, complications and investigational therapeutics. *New Microbes New Infect* [Internet]. 2020;37(M):100738. Available from: https://doi.org/10.1016/j_nmni.2020.100738
 45. Cascella M, Rajnik M, Aleem A, Dulebohn SC, Napoli R Di. Features, Evaluation, and Treatment of Coronavirus (COVID-19). *StatPearls* [Internet]. 2021 Jul 30 [cited 2021 Aug 25]; Available from: <https://www.ncbi.nlm.nih.gov/books/NBK554776/>
 46. Parasher A. COVID-19: Current understanding of its Pathophysiology,

- Clinical presentation and Treatment. Postgrad Med J. 2021;97(1147):312–20.
47. Gavriatopoulou M, Korompoki E, Fotiou D, Ntanasis-Stathopoulos I, Psaltopoulou T, Kastritis E, et al. Organ-specific manifestations of COVID-19 infection. Clin Exp Med [Internet]. 2020;20(4):493–506. Available from: <https://doi.org/10.1007/s10238-020-00648-x>
 48. Sacco F, Tonetti MT, Pizzilli G, Ranieri VM, di Radiologia Monteduro DF, Zompatori M, et al. Pathophysiology of COVID-19-associated acute respiratory distress syndrome: a multicentre prospective observational study. 2020 [cited 2021 Aug 25]; Available from: www.thelancet.com/respiratoryVol
 49. Xu X, Chen P, Wang J, Feng J, Zhou H, Li X, et al. Evolution of the novel coronavirus from the ongoing Wuhan outbreak and modeling of its spike protein for risk of human transmission. 2020 [cited 2021 Aug 25];63(3):457–60. Available from: <https://doi.org/10.1007/s11427-020-1637-5>
 50. CDC. How to Protect Yourself & Others | CDC [Internet]. [cited 2021 Aug 25]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
 51. Immunization Basics | CDC [Internet]. [cited 2021 Aug 20]. Available from: <https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm>
 52. World Health Organisation. State of the world ’ s vaccines and immunization. 2009;
 53. Vaccines and immunization: What is vaccination? [Internet]. [cited 2021 Aug 13]. Available from: <https://www.who.int/news-room/q-a-detail/vaccines-and-immunization-what-is-vaccination>
 54. Siegrist C-A. Vaccine Immunology. Plotkin’s Vaccines. 2018;16-34.e7.
 55. Teijaro JR, Farber DL. COVID-19 vaccines: modes of immune activation

- and future challenges. *Nat Rev Immunol* [Internet]. 2021;21(4):195–7. Available from: <http://dx.doi.org/10.1038/s41577-021-00526-x>
56. Pardi N, Hogan MJ, Porter FW, Weissman D. mRNA vaccines — a new era in vaccinology. *Nat Rev Drug Discov* 2018 174 [Internet]. 2018 Jan 12 [cited 2021 Oct 11];17(4):261–79. Available from: <https://www.nature.com/articles/nrd.2017.243>
57. Yushi Y, Mangalakumari J, Siamak H, Nicole G B, Maryam V-S, Daniela D, et al. Induction of Autonomous Memory Alveolar Macrophages Requires T Cell Help and Is Critical to Trained Immunity. *Cell* [Internet]. 2018 Nov 29 [cited 2021 Oct 11];175(6):1634-1650.e17. Available from: <https://pubmed.ncbi.nlm.nih.gov/30433869/>
58. WHO. Update on COVID-19 vaccines & immune response Current global situation. 2020;(February):1–19. Available from: https://www.who.int/docs/default-source/coronavirus/risk-comms-updates/update52_vaccines.pdf?sfvrsn=b11be994_4
59. Lundstrom K. Application of Viral Vectors for Vaccine Development with a Special Emphasis on COVID-19. *Viruses* [Internet]. 2020 Nov 1 [cited 2021 Oct 11];12(11). Available from: <https://pubmed.ncbi.nlm.nih.gov/33218001/>
60. Zhu F-C, Li Y-H, Guan X-H, Hou L-H, Wang W-J, Li J-X, et al. Safety, tolerability, and immunogenicity of a recombinant adenovirus type-5 vectored COVID-19 vaccine: a dose-escalation, open-label, non-randomised, first-in-human trial. *Lancet* [Internet]. 2020 Jun 13 [cited 2021 Oct 11];395(10240):1845–54. Available from: <http://www.thelancet.com/article/S0140673620312083/fulltext>
61. Adenovirus-vectored Covid-19 vaccines' efficacy in revaccination campaign [Internet]. [cited 2021 Oct 11]. Available from: <https://www.clinicaltrialsarena.com/comment/adenovirus-vectored-covid-19-vaccines-efficacy-during-a-potential-revaccination/>

62. What are viral vector-based vaccines and how could they be used against COVID-19? | Gavi, the Vaccine Alliance [Internet]. [cited 2021 Oct 11]. Available from: <https://www.gavi.org/vaccineswork/what-are-viral-vector-based-vaccines-and-how-could-they-be-used-against-covid-19>
63. Kyriakidis NC, López-Cortés A, González EV, Grimaldos AB, Prado EO. SARS-CoV-2 vaccines strategies: a comprehensive review of phase 3 candidates. *npj Vaccines* 2021;6(1):1–17. Available from: <https://www.nature.com/articles/s41541-021-00292-w>
64. Peng Y, Mentzer AJ, Liu G, Yao X, Yin Z, Dong D, et al. Broad and strong memory CD4+ and CD8+ T cells induced by SARS-CoV-2 in UK convalescent individuals following COVID-19. *Nat Immunol* 2020;21(11):1336–45. Available from: <https://www.nature.com/articles/s41590-020-0782-6>
65. Zhang J, Zeng H, Gu J, Li H, Zheng L, Zou Q. Progress and Prospects on Vaccine Development against SARS-CoV-2. *Vaccines* 2020;8(2):153. Available from: <https://www.mdpi.com/2076-393X/8/2/153/htm>
66. Wang F, Kream RM, Stefano GB. An Evidence Based Perspective on mRNA-SARS-CoV-2 Vaccine Development. *Med Sci Monit* [Internet]. 2020 [cited 2021 Oct 11];26:e924700-1. Available from: [/pmc/articles/PMC7218962/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7218962/)
67. Sadarangani M, Marchant A, Kollmann TR. Immunological mechanisms of vaccine-induced protection against COVID-19 in humans. *Nat Rev Immunol* [Internet]. 2021;21(8):475–84. Available from: <http://dx.doi.org/10.1038/s41577-021-00578-z>
68. Jackson LA, Anderson EJ, Roush RA, Roberts PC, Makhene M, Coler RN, et al. An mRNA Vaccine against SARS-CoV-2—Preliminary Report. <https://doi.org/10.1056/NEJMoa2022483> [Internet]. 2020 Jul 14 [cited 2021 Jul 14]. Available from: <https://www.nejm.org/doi/10.1056/NEJMoa2022483>

- Oct 11];383(20):1920–31. Available from:
<https://www.nejm.org/doi/full/10.1056/nejmoa2022483>
69. Baden LR, Sahly HM El, Essink B, Kotloff K, Frey S, Novak R, et al. Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine. <https://doi.org/101056/NEJMoa2035389> [Internet]. 2020 Dec 30 [cited 2021 Oct 11];384(5):403–16. Available from: <https://www.nejm.org/doi/full/10.1056/nejmoa2035389>
70. Thompson MG. Interim Estimates of Vaccine Effectiveness of BNT162b2 and mRNA-1273 COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Health Care Personnel, First Responders, and Other Essential and Frontline Workers — Eight U.S. Locations, December 2020–March 2021. *MMWR Morb Mortal Wkly Rep* [Internet]. 2021 Apr 2 [cited 2021 Oct 11];70(13):495–500. Available from: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e3.htm>
71. Widge AT, Rouphael NG, Jackson LA, Anderson EJ, Roberts PC, Makhene M, et al. Durability of Responses after SARS-CoV-2 mRNA-1273 Vaccination. <https://doi.org/101056/NEJMc2032195> [Internet]. 2020 Dec 3 [cited 2021 Oct 11];384(1):80–2. Available from: <https://www.nejm.org/doi/full/10.1056/NEJMc2032195>
72. Zhang Y, Zeng G, Pan H, Li C, Hu Y, Chu K, et al. Safety, tolerability, and immunogenicity of an inactivated SARS-CoV-2 vaccine in healthy adults aged 18–59 years: a randomised, double-blind, placebo-controlled, phase 1/2 clinical trial. *Lancet Infect Dis* [Internet]. 2021 Feb 1 [cited 2021 Oct 11];21(2):181–92. Available from: <http://www.thelancet.com/article/S1473309920308434/fulltext>
73. Zhiwei W, Yaling H, Miao X, Zhen C, Wanqi Y, Zhiwei J, et al. Safety, tolerability, and immunogenicity of an inactivated SARS-CoV-2 vaccine (CoronaVac) in healthy adults aged 60 years and older: a randomised, double-blind, placebo-controlled, phase 1/2 clinical trial. *Lancet Infect Dis*

- [Internet]. 2021 Jun 1 [cited 2021 Oct 11];21(6):803–12. Available from: <https://pubmed.ncbi.nlm.nih.gov/33548194/>
74. Sinovac: Brazil results show Chinese vaccine 50.4% effective - BBC News [Internet]. [cited 2021 Oct 11]. Available from: <https://www.bbc.com/news/world-latin-america-55642648>
75. Turkish study revises down Sinovac COVID-19 vaccine efficacy to 83.5% | Reuters [Internet]. [cited 2021 Oct 11]. Available from: <https://www.reuters.com/article/health-coronavirus-turkey-sinovac-int-idUSKBN2AV18P>
76. Paredes F, Sc M, Fontecilla T, Sc M, Jara G, Pizarro A, et al. Effectiveness of an Inactivated SARS-CoV-2 Vaccine in Chile. 2021;1–11.
77. POM B. FACT SHEET FOR HEALTH CARE PROVIDERS EMERGENCY USE AUTHORIZATION (EUA) OF CORONAVAC. 2021;1–12.
78. Deng W, Ph D, Faughnan V, Voges MC, Ding B, Dooley J, et al. Evaluation of mRNA-1273 SARS-CoV-2 Vaccine in Adolescents. 2021;2241–51.
79. Badan POM. FACT SHEET FOR HEALTH CARE PROVIDERS EMERGENCY USE AUTHORIZATION (EUA) OF MODERNA COVID-19 VACCINE. 2021;
80. WHO. MODULE 3 Adverse events following immunization. World Heal Organ [Internet]. 2018; Available from: https://www.who.int/vaccine_safety/initiative/tech_support/Part-3.pdf?ua=1
81. Fink AL, Klein SL. Sex and Gender Impact Immune Responses to Vaccines Among the Elderly. [cited 2021 Oct 10]; Available from: www.physiologyonline.org
82. Fink AL, Klein SL. The evolution of greater humoral immunity in females

- than males: implications for vaccine efficacy. *Curr Opin Physiol.* 2018 Dec 1;6:16–20.
83. Fischinger S, Boudreau CM, Butler AL, Streeck H, Alter G. Sex differences in vaccine-induced humoral immunity. *Semin Immunopathol* 2018 412 [Internet]. 2018 Dec 13 [cited 2021 Oct 10];41(2):239–49. Available from: <https://link.springer.com/article/10.1007/s00281-018-0726-5>
 84. Flanagan KL, Fink AL, Plebanski M, Klein SL. Sex and Gender Differences in the Outcomes of Vaccination over the Life Course. <https://doi.org/10.1146/annurev-cellbio-100616-060718> [Internet]. 2017 Oct 6 [cited 2021 Oct 10];33:577–99. Available from: <https://www.annualreviews.org/doi/abs/10.1146/annurev-cellbio-100616-060718>
 85. Klein SL, Flanagan KL. Sex differences in immune responses. *Nat Rev Immunol* 2016 1610 [Internet]. 2016 Aug 22 [cited 2021 Oct 10];16(10):626–38. Available from: <https://www.nature.com/articles/nri.2016.90>
 86. Scully EP, Haverfield J, Ursin RL, Tannenbaum C, Klein SL. Considering how biological sex impacts immune responses and COVID-19 outcomes. *Nat Rev Immunol* 2020 207 [Internet]. 2020 Jun 11 [cited 2021 Oct 10];20(7):442–7. Available from: <https://www.nature.com/articles/s41577-020-0348-8>
 87. Systemic: MedlinePlus Medical Encyclopedia [Internet]. [cited 2021 Sep 15]. Available from: <https://medlineplus.gov/ency/article/002294.htm>
 88. Anaphylaxis - StatPearls - NCBI Bookshelf [Internet]. [cited 2021 Sep 4]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482124/>
 89. Anaphylactic Shock: What You Should Know [Internet]. [cited 2021 Sep 11]. Available from: <https://www.webmd.com/allergies/anaphylactic-shock-facts>

90. Republik Indonesia. UU No. 12 Nomor 2012. Undang Undang. 2012;
91. Tanriover MD, Doğanay HL, Akova M, Güner HR, Azap A, Akhan S, et al. Articles Efficacy and safety of an inactivated whole-virion SARS-CoV-2 vaccine (CoronaVac): interim results of a double-blind , randomised , placebo-controlled , phase 3 trial in Turkey. 2021;398:213–22.
92. WHO. Vaccine Safety Basics Learning Manual. 2013;
93. Bueno SM, Abarca K, González PA, Gálvez NMS, Soto JA, Duarte LF, et al. Safety and Immunogenicity of an Inactivated Severe Acute Respiratory Syndrome Coronavirus 2 Vaccine in a Subgroup of Healthy Adults in Chile. 2021;(Xx XXXX):1–13.
94. Hervé C. The how ' s and what ' s of vaccine reactogenicity. *npj Vaccines* [Internet]. 2019;(August). Available from: <http://dx.doi.org/10.1038/s41541-019-0132-6>
95. Bueno SM, Abarca K, González PA, Gálvez NMS, Soto JA, Duarte LF, et al. INTERIM REPORT: SAFETY AND IMMUNOGENICITY OF AN INACTIVATED VACCINE. 2021.
96. Denis P, El M, Mercier S, Breuille D, Papet I, Patureau P, et al. The inflammatory response to vaccination is altered in the elderly. 2005;126:874–81.
97. Khalil RH, Al-humadi N. Types of acute phase reactants and their importance in vaccination (Review). 2020;143–52.
98. Gadi N, Wu SC, Spihlman AP, Moulton VR, Riva A, Cosby SL, et al. What ' s Sex Got to Do With Differences in the Host Immune Response to Coronaviruses. 2020;11(August):1–22.
99. Klein SL, Flanagan KL. Sex differences in immune responses. *Nat Publ Gr.*
100. Seillet C, Laffont S, Tre F, Rouquie N, Ribot C. The TLR-mediated response of plasmacytoid dendritic cells is positively regulated by estradiol in vivo

- through cell-intrinsic estrogen receptor α signaling. 2012;119(2):1–3.
101. Hewagama A, Patel D, Yarlagadda S, Strickland FM, Bruce C, Division R, et al. HHS Public Access. 2010;10(5):509–16.
 102. Beatty AL, Peyser ND, Butcher XE, Cocohoba JM, Lin F, Olglin JE. Analysis of COVID-19 Vaccine Type and Adverse Effects Following Vaccination. 2021;4(12):1–13.
 103. Journal of Medical Virology - 2021 - Kadali - Non-life-threatening adverse effects with COVID-19 mRNA-1273 vaccine A.pdf.
 104. Ananth R, Kadali K, Janagama R, Yedlapati SH, Kanike N, Gajula V, et al. American Journal of Infection Control Side effects of messenger RNA vaccines and prior history of COVID-19 , a cross-sectional study. AJIC Am J Infect Control [Internet]. 2022;50(1):8–14. Available from: <https://doi.org/10.1016/j.ajic.2021.10.017>
 105. Turner PJ, Ansotegui IJ, Campbell DE, Cardona V. COVID-19 vaccine-associated anaphylaxis : A statement of the World Allergy Organization Anaphylaxis Committee. World Allergy Organ J [Internet]. 2021;14(2):100517. Available from: <https://doi.org/10.1016/j.waojou.2021.100517>
 106. Menni C, Klaser K, May A, Polidori L, Capdevila J, Louca P, et al. Vaccine side-effects and SARS-CoV-2 infection after vaccination in users of the COVID Symptom Study app in the UK : a prospective observational study. Lancet Infect Dis [Internet]. 2021;21(7):939–49. Available from: [http://dx.doi.org/10.1016/S1473-3099\(21\)00224-3](http://dx.doi.org/10.1016/S1473-3099(21)00224-3)
 107. Tissot N, Brunel A, Bozon F, Rosolen B, Chirouze C. Patients with history of covid-19 had more side effects after the first dose of covid-19 vaccine. 2020;(January).